



Open Enrollment

Request for Applications (RFA)

RFA # 0136

Youth Empowerment Services (YES) Waiver Services

MAY 2024

LifePath Systems
ATTN: Angela James
1515 Heritage Drive
McKinney, TX 75069

procurement_inquiries@lifepathsystems.org

Issue Date: May 10, 2024

Due Date: Open Enrollment



NOTICE OF OPEN ENROLLMENT

Background Information

Collin County Mental Health Mental Retardation Center d/b/a LifePath Systems (the “Center”) was founded in 1986. It is the Local Behavioral Health Authority (LBHA) and the Local Intellectual and Developmental Disabilities Authority (LIDDA) for Collin County, Texas as authorized by the Texas Health and Human Services Commission (HHSC) and a governmental unit of the State of Texas under the provisions of Vernon’s Texas Codes Annotated, Health and Safety Code, Section 534 et seq. In addition to its role as Authority, the Center is a provider of behavioral health services and a provider of services for individuals with intellectual or developmental disabilities.

Throughout this RFA, reference to “Center” is assumed to define and include LifePath Systems. Reference to the “applicant” is assumed to include the applicant and any other applicant and/or personnel with which the applicant has elected to partner for purposes of this RFA.

The Center is seeking to contract with qualified providers for the purpose of providing intensive services within a strengths-based team planning process building on family and community supports and utilizing YES Waiver services to help build on the family’s natural support network and connection within the community to eligible individuals of Collin County.

Pursuant to Texas Administrative Code §412.55 and §301.257, the Local Mental Health Authority has the authority to create a network of community services by certain procurement methods. In accepting applications, the Center reserves the right to reject any and all applications that are incomplete and fail to meet the requirements specified in the RFA, and to waive any requirements in order to take the action, which it deems to be in the best interest of the Center. This RFA does not obligate the Center to pay for any costs incurred by respondents in the preparation and submission of an application. Furthermore, the RFA does not obligate the Center to accept or contract for any expressed or implied services. Contract funding and length is contingent on HHSC funding.

LifePath Systems is dedicated to serving individuals and families impacted by behavioral health, intellectual or developmental challenges, resulting in stronger communities as stated in our Mission Statement. LifePath Systems is searching for qualified applicants who embody the Center’s Mission and Values which can be accessed using the following link <https://www.lifepathsystems.org/who-we-are/about-us/>

The Center appreciates your time and effort in preparing this application. All applications must be received at the specified location identified in RFA # 0136. Notice is hereby given that LifePath Systems will receive applications from providers beginning May 10, 2024.

If you are interested in submitting an application, please carefully adhere to the Instructions, requirements, attachments, and deadlines presented in RFA # 0136. A copy of the Request for Applications (RFA) may be obtained from the Center’s website at <https://www.lifepathsystems.org/connect-with-us/contracting-opportunities/> or by contacting Angela James, Admin Contracts Manager, procurement_inquiries@lifepathsystems.org.

PURPOSE

The goals of the network are to provide:

1. Services on the Individual Plan of Care (IPC) being provided free of any conflict of interest (i.e. services are not provided by the individual/agency developing the IPC, except as the provider of last resort).
2. Access to all services on an authorized IPC within 10 business days of the date of authorization.
3. A choice for participants of qualified provider of individual Waiver services.
4. Access to providers within 30 miles of the participant's residence (within 75 miles if the participant lives in a rural area).

SERVICES SOUGHT

This RFA seeks participation from Successful Applicants for the purpose of offering services as listed below:

1. SPECIALIZED THERAPIES:

- 1.1 Music Therapy:** Music therapy utilizes musical or rhythmic interventions specifically selected by a registered music therapist to accomplish the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health. Music therapy is a prescribed use of music to therapeutically address physical, psychological, cognitive, and/or social functioning to optimize the individual's quality of life, improve functioning on all levels, enhance well-being and foster independence. Music therapy provides an opportunity to move from isolation into active participation through an increase in verbal and nonverbal communication, social expression, behavioral and social functioning, and self-awareness.
- 1.2 Art Therapy:** Art therapy is a human service profession in which participants, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.
- 1.3 Animal-Assisted Therapy:** In animal-assisted therapy, animals are utilized in goal-directed treatment sessions, as a modality, to facilitate optimal physical, cognitive, social, and emotional outcomes of a participant such as increasing self-esteem and motivation and reducing stress. Animal-assisted therapy is delivered in a variety of settings by specifically trained individuals in association with animals that meet specific criteria and in accordance with guidelines established by the American Veterinary Medical Association. Example programs include but are not limited to Therapeutic Horseback Riding and Pet Partners.
- 1.4 Nutritional Therapy:** Assists Waiver participants in meeting their basic and/or special therapeutic nutritional needs. This includes but is not limited to counseling Waiver participants in nutrition principles, dietary plans, food selection and economics.

- 1.5 Recreational Therapy:** An outcome based therapeutic intervention that helps maintain or improve participants physical, social, and emotional well-being. The goal of recreational therapy is to develop self-reliance, resiliency, and improve participant’s functioning and independence in the community, while reducing or eliminating the effects of the participants serious mental, emotional and behavioral difficulties.
- 2. Respite – In-Home:** Provided on a short-term basis because of the absence of, or need for relief for, the Legally Authorized Representative (LAR) or another primary caregiver of a Waiver participant.
- 3. Respite – Out-of-Home Camp:** Camp is provided on a short-term basis because of the absence of, or need for, relief for the LAR or other primary caregiver of a YES Waiver participant.



APPLICANT ELIGIBILITY REQUIREMENTS

To be eligible to receive a contract with the Center, an Applicant must:

1. Provide services in Collin County, with the exception of Respite – Out-of-Home Camp.
2. Be a Texas licensed or certified professional with documented training and experience relative to the therapy or service being provided.
3. Maintain and cause personnel providing services under the Agreement to maintain, at its sole cost and expense or the cost and expense of its personnel, policies of general liability, professional liability, and Workers Compensation insurance coverage in order to insure Applicant against any claim for damages arising in connection with Applicant’s responsibilities or the responsibilities of Applicant’s personnel under the Agreement. Businesses or professionally licensed applicants must maintain a minimum coverage of 1 million dollars per occurrence, 3 million dollars aggregate, and 1 million dollars umbrella. Applicant must name LifePath Systems as “Additional Insured” on the policy commencing at the beginning of the contract. Applicants providing transportation to individuals receiving services must also provide automobile liability insurance that meets the minimum standard set by the Texas Department of Public Safety.
4. Comply with all applicable rules and regulations in accordance with service provision to include but not limited to the community standards and the most recent version of the YES Waiver Policy Manual.
5. Comply with all state and federal laws regarding the confidentiality of records of individuals served and nondiscrimination.
6. Have and maintain sufficient internet access and a current email account.
7. Notwithstanding the above, be registered to do business in Texas. In any situation in which a consortium of providers intends to submit a single Application in response to this RFA, a single entity responsible for services must be identified to be the party to the Contract, and must demonstrate, to the Center’s reasonable satisfaction, the ability to manage funds.

RESPONSIBILITIES

LifePath Systems Responsibilities:

All Service Types:

1. LifePath shall:
 - a. Maintain a Waiver Inquiry phone number.
 - b. Maintain an Inquiry List of individuals interested in YES Waiver services.
2. LifePath shall provide initial eligibility and enrollment services for individuals, including:
 - a. YES Assessment and Clinical Eligibility;
 - b. Verification of Medicaid benefits or renewing or application assistance in accordance with HHSC rules and regulations;
 - c. Communication of the initial authorization and assessment information.
 - d. Service Authorization throughout the contracting period.

3. LifePath Systems shall maintain and monitor Applicant qualifications and training records including those required for HHSC review.
4. LifePath Systems shall be responsible for receiving services notes and entering into agency Electronic Health Record (EHR) and Clinical Management for Behavioral Health Services (CMBHS).
5. LifePath shall monitor Applicant's compliance with the contract and evaluate the applicant's provision of services through audits, satisfaction surveys, and required HHSC reports, to include the following elements:
 - a. Competency of the applicant to provide care;
 - b. Individuals' access to services;
 - c. Safety of the environment in which services are provided;
 - d. Continuity of care;
 - e. Compliance with the performance expectations;
 - f. Satisfaction of individuals and family members with services provided; and
 - g. Utilization of resources.

Respite – In-Home:

1. LifePath shall perform a Building Safety and Environmental Health Checklist prior to the provision of services.
2. LifePath shall provide a copy of each participant's Crisis and Safety Plan.

Respite – Out-of-Home Camp:

1. LifePath shall maintain and monitor records of criminal history and abuse registry checks for HHSC review.
2. LifePath shall provide a copy of each participant's Crisis and Safety Plan.

Service Provider Responsibilities:

All Service Types:

1. Applicant agrees that its name, contact information and certain other pertinent information may be used, along with a description of its facilities, care, and services in any information distributed by LifePath Systems listing its Network Providers.
2. Applicant shall provide services and acceptable levels of care in accordance with community standards and the most recent version of the YES Waiver Policy Manual, which can be found at: <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/yes/yes-policy-manual.pdf>
3. Applicant shall submit services notes to LifePath Systems, as set forth by LifePath Systems.
4. Applicant shall implement and monitor services in accordance with individual's service authorization.
5. Applicant shall report a critical incident to the Wraparound facilitator within 24 hours of finding out an incident occurred or if an incident occurred during session.

6. Applicant shall notify LifePath Systems of regulatory reviews/audits and make those findings available to LifePath Systems.
7. Applicant shall ensure that all staff members, volunteers, interns, direct service providers, and/or subcontractors receive training on Applicant’s policies and procedures, YES Waiver Provider Training, NWIC What is This Thing Called Wraparound Video, Team Roles in Wraparound, Advancing Wraparound Practice: Supervision and Managing to Quality (required for supervisors only), and all other trainings in accordance with 26 TAC §301.305 and 26 TAC §301.331.
8. Prior to providing services, Applicant shall provide evidence of completion of all required trainings for all staff members, volunteers, interns, direct service providers, and/or subcontractors including:
 - 8.1 Incident Reporting
 - 8.2 Reporting of Abuse, Neglect or Exploitation
 - 8.3 HIPAA Training
 - 8.4 Crisis and Safety Planning
 - 8.5 First Aid and CPR (Can be facilitated through The Center at a cost to the Applicant)
 - 8.6 Behavior Management (Can be facilitated through The Center at a cost to the Applicant)

Specialized Services:

1. Applicant shall ensure that, prior to providing Wavier services and/or participating on a Child an Family Team (CFT), staff receive:
 - a. YES Waiver provider service training at <https://yeswaivertraining.uthscsa.edu/>;
2. Applicant shall participate in Child and Family Team (CFT) meetings.

Respite – In-Home:

1. Applicant shall ensure that, prior to providing Wavier services and/or participating on a Child and Family Team (CFT), staff receive:
 - a. YES Waiver provider service training (<https://yeswaivertraining.uthscsa.edu/>); and
 - b. Respite In-Home only: Electronic Visit Verification (EVV) training <https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/electronic-visit-verification/evv-training-resources>
2. Applicant shall provide services:
 - a. Within the State of Texas; and
 - b. In the private residence of:
 - i. The participant; or
 - ii. A relative of the participant other than the parents, spouse, legal guardian, or LAR.
3. Applicant shall ensure that a Building Safety and Environmental Health Checklist has been completed prior to the provision of services.
4. Applicant shall maintain a copy of each participant’s Crisis Safety Plan.

5. Applicant shall utilize the EVV system to record service data and be responsible for ensuring and maintaining access to the EVV system through the Applicant's Smartphone.

Respite – Out-of-Home Camp:

1. Applicant shall ensure that all staff members, volunteers, interns, and direct service providers receive training on Applicant's policies and procedures.
2. Applicant shall maintain, and provide to LifePath upon request, completed credentialing for each professional, including subcontractors, providing services under this Agreement.
3. Applicant shall adhere to 25 TAC 265, Subchapter B.
4. Applicant shall maintain a copy of each participant's Crisis Safety Plan.

SERVICE PROVIDER PROHIBITED ACTIVITIES:

Applicant shall not assess charges to a participant, any member of participant family, or any other party, including third-party payer.

1. Respite – In-Home:

- A. Applicant shall not provide services at the same time as:
 - i. Supportive Family-Based Alternatives;
 - ii. Community Living Supports;
 - iii. Supported Employment;
 - iv. Employment Assistance;
 - v. Non-medical Transportation; or
 - vi. Paraprofessional Service.
- B. Applicant shall not provide services in a group setting.

2. Respite – Out-of-Home Camp:

- A. Applicant shall not provide services at the same time as:
 - i. Supportive Family-Based Alternatives;
 - ii. Community Living Supports;
 - iii. Supported Employment;
 - iv. Employment Assistance;
 - v. Non-medical Transportation; or
 - vi. Paraprofessional Service.
- B. Federal financial participation is not to be claimed for the cost of room and board, except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.

QUALIFIED SERVICE ACTIVITIES:

To be a qualified service provider, one must:

1. Be a staff member or applicant of the program provider;
2. Be paid by the program provider to provide the particular service being claimed;
3. Not be disqualified by this section to provide the particular service being claimed;
4. Not have been convicted of an offense listed under Texas Health and Safety Code§250.006;
5. Not be listed as unemployable in the Employee Misconduct Registry or revoked in the Nurse Aid Registry, which are maintained by the Texas Department of Human Services; and
6. Be a licensed or certified professional with documented training and experience relative to the therapy or service being provided as outlined below:

6.1 Animal Assisted Therapy:

- 6.1.1 Utilize animals that meet specific criteria for the program, they are associated with and be trained in accordance with guidelines established by the American Veterinary Medical Association;
- 6.1.2 Be a licensed professional, or provisional intern under the supervision of a licensed clinician, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
 - 6.1.2.1 Be appropriately trained and obtain certification through a YES Waiver endorsed certification program specific to the type of program and animal(s) involved (Pet Partners program; Equine Assisted Growth and Learning Association (EAGALA); Professional Association of Therapeutic Horsemanship (PATH) International; Trauma Focused Equine Assisted Psychotherapy (TF-EAP); Equine Experiential Education Association (E3A); Equine Connection, or other certification program subject to approval by the HHSC YES Wavier Department, upon request by the CWP or the WPO.)

6.2 Art Therapy:

- 6.2.1 Be a licensed professional, or provisional intern under the supervision of a licensed clinician, with documented training and experience relative to the specialized therapy being provided. This may include a: clinical social worker; professional counselor; marriage and family therapist; or drama therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
- 6.2.2 Be certified by the Art Therapy Credentials Board (ATR-BC).

6.3 Music Therapy:

- 6.3.1 Be a licensed professional, or provisional intern under the supervision of a licensed clinician, with documented training and experience relative to the specific service provided. These may include clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
- 6.3.2 Be certified by the Certification Board for Music Therapists (MT-BC).

6.4 Nutritional Therapy:

- 6.4.1 Be a person who is a registered, licensed, or provisionally licensed dietitian by the Texas Board of Examiners of Dietitians;

6.5 Recreational Therapy:

- 6.5.1 Be a licensed professional, or provisional intern under the supervision of a licensed clinician, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
- 6.5.2 Be certified by the national Council of Therapeutic Recreation Certification (NCTRS); or be certified as a Texas Certified Therapeutic Recreation Specialist (TRS/TXC).

6.6 Respite – In-Home

- 6.6.1 Be at least 18 years of age;
- 6.6.2 Have a current Texas driver’s license;
- 6.6.3 Not be a natural or adoptive parent, spouse, legal guardian, or LAR;
- 6.6.4 Received EVV training;

6.7 Respite – Out-of-Home:

- 6.7.1 Be at least 18 years of age;
- 6.7.2 Have a current Texas driver’s license;
- 6.7.3 Must pass criminal history and abuse registry checks.

To be a qualified program provider, the day or overnight camp must:

- a. Be licensed by the state of Texas, or
- b. Be accredited by the American Camp Association (ACA).

PAYMENTS/RATES:

Successful Applicants will be paid on a fee for service rate, based on the Fee Schedule below:

Service	Unit	Rate
Animal-Assisted Therapy	15 minutes	\$19.36/Per 15 Minute Unit Per Individual
Art Therapy	15 minutes	\$19.36/Per 15 Minute Unit Per Individual
Music Therapy	15 minutes	\$19.36/Per 15 Minute Unit Per Individual
Nutritional Therapy	15 minutes	\$13.82/Per 15 Minute Unit Per Individual
Recreational Therapy	15 minutes	\$19.36/Per 15 Minute Unit Per Individual
Respite - In-Home	15 minutes	\$5.22
Respite – Out-of-Home Camp	Negotiated	Based upon services and activities provided by the camp.
Group Rate for Specialized Therapy Services using the following formula: Number of providers x Time spent delivering service(s) ÷ Number of participants served = Billable Time		
Child and Family Team Meeting Unit and Rate is paid the same as service rate being provided.		

And based upon receipt of required documentation, as described below.

1. Written documentation to support a service claim for authorized service, in the progress note template provided by LifePath Systems, and must include:
 - a. Local Case Number (LCN) #;
 - b. Name of individual receiving service;
 - c. Company/Clinician name;
 - d. Date service provided;
 - e. Start and stop time of contact with individual;
 - f. Units;
 - g. Procedure;
 - h. Service location;
 - i. Mode of Delivery
 - j. Recipients;
 - k. Intensity;
 - l. Methods used;
 - m. Objective Addressed;
 - n. Description of service/intervention provided;
 - o. Documentation of group service if provided, include number of participants in group;
 - p. Individual’s response to intervention;
 - q. Progress or lack of progress with service;
 - r. Direct service provider’s printed name, signature, date, and credentials.

2. Written documentation must be submitted within seven (7) business days after each contact that occurs.



PROCESSING:

1. Applicant shall bill LifePath in the form and format approved and provided by LifePath Systems.
2. All invoices must be submitted by the 3rd calendar day of the month following the month of services.
 - a. Invoices are allowed to be submitted on a biweekly basis.
 - b. Invoices for purposes of correction, shall be accepted up to sixty (60) days past the deadline, provided that the written documentation was submitted within the stipulated timeframe. Invoices shall not be accepted after sixty (60) days past the invoice submission deadline.
 - c. Invoices for the purpose of correction shall be accepted up to thirty-five (35) days past the end of the fiscal year period, provided that the written documentation was submitted within the stipulated timeframe. Invoices shall not be accepted after thirty-five (35) days past the end of the fiscal year period.
3. Applicant shall submit an invoice for all services provided for that reporting period.
 - a. All services will be verified by LifePath Systems.
 - b. LifePath Systems will issue payment to Applicant within 30 days after payment from HHSC.
4. Applicant shall forfeit payment for service if:
 - a. Not identified on the participants Wraparound Plan;
 - b. Not previously approved on the participant service authorization;
 - c. Exceeding the limits authorized by HHSC;
 - d. Provided on a date in which an active IPC was not in place;
 - e. Provided outside of the participant's Wavier eligibility;
 - f. Provided prior to employee credentialing; or
 - g. Was provided after loss of credential/License; or
 - h. Written documentation is incomplete or does not match.
 - i. Respite – In-Home only: Units do not match the units on the Electronic Visit Verification (EVV) visit transaction.



INSTRUCTIONS FOR SUBMISSION OF APPLICATIONS

To facilitate and ensure an objective review, Applicants must follow these instructions for submission. Applicants are cautioned to read the entire RFA to determine all requirements. LifePath Systems expressly RESERVES THE RIGHT TO REJECT ANY APPLICATION THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THE RFA AND IS NOT SUBMITTED ACCORDING WITH THE INSTRUCTIONS BELOW.

1. All applications can be submitted by **MAIL or EMAIL** to the following:

ATTENTION:
LifePath Systems
Angela James
Administration Contracts Manager
1515 Heritage Drive
McKinney, TX 75069
Subject: RFA 0136

Email: procurement_inquiries@lifepathsystems.org

2. Applications will be processed upon receipt. In the future, additional open enrollment periods for services may be announced or contract periods may be staggered to ensure availability of adequate numbers of service providers to meet the volume of demand for services.
3. Number of Copies - To achieve a uniform review process and to obtain a maximum degree of comparability, LifePath Systems requires that Applications be submitted with one (1) master (marked original) and one (1) copy. Each must include the following items:
 - a. Title Page - Title page must show the RFA subject; the Applicant's name; the Applicant's address, and telephone number of a contact person; and the Type of Business Entity.
 - b. Transmittal Letter - Transmittal Letter - Submit a signed letter that the applicant is not currently held in abeyance or barred from the award of a federal or state contract; and is currently in good standing for state tax, pursuant to the Texas Business Corporation Act Texas Civil Statutes, Article 2.45., and that the Applicant agrees to provide the specified community services at the rate of payment described in the RFA.
 - i. Applicant Representative - Include the name of the designated individual(s), along with respective telephone number(s), email address(es), who will be responsible for answering technical and contractual questions with respect to the application.
 - c. Application – must be filled out in its entirety.
Response format as follows: State the question or item exactly as it appears; then provide your detailed response.

- d. Questions fall under the following sections:
 - I. Business Demographics
 - II. Services
 - III. Facility
 - IV. Certificate of Insurance
 - V. Risk Profile
 - VI. Client Reference
 - e. All application response attachments must be labeled to reference the appropriate section and letter (i.e., “VI. a.”)
4. A STATEMENT CONFIRMING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE GENERAL AFFIRMATIONS LOCATED AT: <https://www.lifepathsystems.org/wp-content/uploads/2021/05/General-Affirmations.pdf>
 5. False statements or false information provided by an Applicant may result in disqualification from or termination of enrollment into the network. In accepting applications, LifePath Systems reserves the right to reject any and all Applications, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action which it deems to be in the best interest of the Local Authority. Further, LifePath Systems is not obligated to accept applications it deems are incomplete, inaccurate, or fail to meet minimum standards as determined solely at the discretion of LifePath Systems. LifePath Systems will not pay for any costs incurred by Applicants in the preparation and submission of a response to this RFA.
 6. Each Applicant is responsible for ensuring that documents for potential enrollment are submitted completely and on time. The Local Authority expressly reserves the right not to evaluate any enrollment documents that are incomplete or late. Any attached form(s) must be completed by each Applicant to be considered for possible enrollment in the network.
 7. Each Application shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code, **except for trade secrets and confidential information contained in the Application and clearly identified by the Applicant as such with red ink**. Such information may still be subject to disclosure under the Public Information Act and other applicable law.



**COLLIN COUNTY MENTAL HEALTH MENTAL RETARDATION
CENTER
dba LIFE PATH SYSTEMS**

ORGANIZATIONAL APPLICATION CHECKLIST

The checklist below is provided to assist in completing the application.

Submission Date: _____

Line Item	Name of Organization/Individual: _____			
	LIST	YES	N	N/A
	REQUIRED FOR ALL APPLICANTS:			
1	Application Checklist (<i>this page</i>)			
2	Application – 1 Original (<i>pages 16-20</i>)			
3	Attestation (<i>page 21</i>)			
4	General Authorization for Release of Information (<i>page 22</i>)			
5	Assurances Document (<i>pages 23-24</i>)			
6	Certification Regarding Lobbying, Grants, Loans, & Cooperative Agreements (<i>page 25</i>)			
7	General Liability Insurance Coverage (<i>if applicable</i>)			
8	Fire Inspection(s) - current within 1 year (<i>if applicable</i>)			
9	Certificate(s) of Occupancy (<i>if applicable</i>)			
10	Auto Liability Insurance Coverage (<i>if applicable</i>)			
11	Professional Liability Insurance Coverage (<i>if applicable</i>)			
12	IRS Tax Exemption Form or proof of Status as Governmental Entity (<i>if applicable</i>)			
13	Workers’ Compensation Coverage (<i>if applicable</i>)			
14	Adverse Actions explanation (<i>if applicable</i>)			
15	Affiliations Information (<i>if indicated on Assurances</i>)			
16	Financial Interest Information (<i>if indicated on Assurances</i>)			
17	Key Persons Disclosure (<i>if indicated on Assurances</i>)			
18	LifePath’s Key Persons List (Attachment A– <i>For Reference Only</i>)			
19	Background Check For (Attachment B)*(<i>Individual Applicants only</i>)			
20	Driver’s License* (<i>Individual Applicants only</i>)			
21	Professional License/Certification* (<i>Individual Applicants only</i>)			
22	Acronyms Glossary (Attachment C – <i>For Reference Only</i>)			
23	Form W-9 (Attachment D)			
24	Conflict of Interest Questionnaire (Attachment E)			

**Organization staff credentials and Individual training proofs to be submitted post contract execution, but prior to service delivery.*

**OPEN ENROLLMENT FOR BEHAVIORAL HEALTH SERVICES
APPLICATION FOR ORGANIZATIONAL/INDIVIDUAL
PROVIDERS (“APPLICATION”)**

REQUIRED APPLICATION INFORMATION:

An applicant **MUST** answer every question IN THE ORDER SHOWN. If the question/necessary information does not apply, simply and clearly document "N/A". Add additional pages as required to answer questions. Interviews or site visits may be conducted on a case-by-case basis to further evaluate Applications.

A.	BUSINESS DEMOGRAPHICS	
1.	Organization/Individual Name:	
2.	Organization dba Name:	
3.	Federal Tax ID Number:	
4.	Agency NPI Number:	
5.	Business Address:	
6.	Contact/Title:	
	Email Address:	
	Address:	
	Phone/Fax:	
7.	Executive Director- Owner/Title: Email Address:	
	Address:	
	Phone/Fax:	
8.	Services Contact/Title: Email	
	Address:	
	Phone/Fax:	
9.	Billing Contact/Title:	
	Email Address:	
	Address:	
	Phone/Fax:	

10. Number of years in operation as a business: _____

11. Languages services provided in: _____

12. Is organization/individual certified as or eligible to be a Historically Underutilized Business: **Yes** **No**
(If certified, provide Certification Number): _____

13. List all licenses, credentials, certifications, and/or accreditations currently held by organization/individual:
(Provide copies as applicable):

B. SERVICES

1. Place a check mark in the box beside the services organization/individual is applying to provide.

Service	Indicate (✓) if applying to provide this service
Animal-Assisted Therapy	
Art Therapy	
Music Therapy	
Nutritional Therapy	
Recreational Therapy	
Respite - In-Home	
Respite – Out-of-Home Camp	

2. Will all services contracted under this RFA be provided by organization/individual:
Yes **No**

3. Please provide a full explanation for any “No” response: *(Attach additional pages as necessary).*

C. SERVICE LOCATION:

If services are to be provided in a facility owned/rented by the organization/individual:

- a. Attach a Certificate of Insurance with effective and expiration dates showing current General Liability insurance coverage limit;
- b. Attach a Fire Inspection (current within 1 year) by applicable local fire authority;
- c. Attach a Certificate of Occupancy;
- d. Is the building accessible for individuals with disabilities: **Yes** **No**
- e. How close is the facility to public transportation: _____

D. PROFESSIONAL LIABILITY INSURANCE

Organization and licensed/certified professionals must have professional liability insurance with limits of at least one million each occurrence and three million aggregate. Please attach policy certificate showing effective date and expiration date of coverage, per occurrence amount and aggregate amount.

E. EXPERIENCE

- 1. Describe experience over the last 5 years providing services to the population of individuals the organization/individual is applying to serve: *(Attach additional pages as necessary)*

- 2. Describe abilities/experience working with persons who are hearing impaired, persons who have limited language skills, persons with physical impairments, and/or persons who use adaptive equipment: *(Attach additional pages as necessary)*

3. Describe experience/abilities working with diverse groups of individuals with regard to ethnic, racial, religious, and sexual orientation: *(Attach additional pages as necessary)*

4. Describe any limitations on capacity to serve the population (age ranges, total number of clients, geographical region, etc.): *(Attach additional pages as necessary)*

5. Are all staff and sub-contractors current on all training required by the credentialing/licensing agency and/or the Texas Administrative Code as described in contract exhibit(s)? **Yes** **No**
If no, what is the plan for ensuring all staff and sub-contractors receive training before service initiation: *(Attach additional pages as necessary)*

6. Describe approach to working with individuals who are non-compliant with treatment: *(Attach additional pages as necessary)*

F. INFORMATION SYSTEMS

Organization/individual must have and maintain internet access and a current email account in order to be eligible to be a party to a contract.

a. Does organization/individual have internet access and a valid email address? **Yes** **No**

G. RISK MANAGEMENT

1. Describe how organization/individual identifies, controls, avoids, minimizes and/or eliminates unacceptable risks to individuals receiving services and liability to the organization/individual. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

2. Describe how organization/individual protects the security of individuals receiving services and their protected information. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

3. Describe how organization/individual prevents, identifies, and reports abuse, neglect,

exploitation, and rights violations pertaining to individuals receiving services, including the training of staff on these issues. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

4. Is organization/individual a non-profit or otherwise exempt from payment of State Franchise Tax? **Yes** **No** *(If yes, attach a valid 501C IRS Exemption Form)*

5. Provide name of Workers' Compensation carrier if organization has Workers' Compensation coverage or self-funding documents if self-funded: _____

H. ADVERSE ACTIONS

1. Are criminal history checks done on all staff annually? **Yes** **No**

2. Describe organization's policies and procedures regarding the hiring and retention of persons with criminal histories: *(Attach additional pages as necessary)*

3. Do any of the organization's employees have criminal convictions? **Yes** **No**
 If yes, explain: *(Attach additional pages as necessary)*

4. Describe organization's process, if any, for checking on confirmed fraud, abuse, neglect, exploitation or rights violations of employees or applicants for employment, such as through the Nurse Aide Registry and the Employee Misconduct Registry: *(Attach additional pages as necessary)*

5. Do any of organization's current employees have validated/confirmed fraud, abuse, neglect, exploitation, or rights violation claims? **Yes** **No**

If yes, describe in detail: *(Attach additional pages as necessary)*

6. Does the organization/individual meet standard federal guidelines for Medicaid and Medicare? **Yes** **No**

7. Is the organization/individual currently under investigation, or has the organization had a license or accreditation revoked by any state/federal/local authority or licensure agency within the last 5 years? **Yes** **No**

8. Has the organization/individual had any judgments or settlements entered against it in the last 10 years? **Yes** **No**

I. REFERENCES

List three references who are able to attest to the quality of the organization/individual's work performance and have knowledge of the organization's previous experience and ability to provide a healthy, safe, and therapeutic environment to Individuals served under this RFA:

Reference	E-mail Address	Phone



ATTESTATION

I hereby attest to the following:

- I consent to the inspection of records and documents pertinent to this Application, including the release by any person to Collin County Mental Health Mental Retardation Center, *dba* LifePath Systems of all information that may reasonably be relevant to an evaluation and verification of this Application or evaluation of professional competence, including, but not limited to, consultation with any other health professionals or institutions with which Organization/Individual has been or is currently associated.

- All information contained in the Application is true, correct, and complete including, without limitation, any history of loss of license and/or convictions, loss or limitation of privileges or disciplinary activity, and chronological work history, to the best of Organization/Individual's knowledge. Organization/Individual understands that LifePath Systems will check conviction record of Organization/Individual. Organization/Individual understands and agrees that any information contained in this Application which subsequently is found to be false could result in a denial of the Application or termination from network participation.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned Individual, or authorized representative of Organization (acting on Organization’s behalf), hereby authorize Collin County Mental Health Mental Retardation Center *dba* LifePath Systems to obtain any and all information required to complete a review and primary source verification of Organization/Individual’s credentials. Information and documents to be reviewed include, but are not limited to, licensure/certification, accreditations, education, and claims made against licensure/certification, malpractice insurance and claims.

I, the undersigned Individual or authorized representative of Organization, hereby release from liability and hold harmless for the consequences of any disclosure, to the fullest extent permitted by law, the named references in this Application and Collin County Mental Health Mental Retardation Center *dba* LifePath Systems for their written and oral statements, decisions, and actions in connection with evaluating Organization/Individual’s Application for network approval including, without limitation, Organization/Individual’s experience, competencies and qualifications, health status, emotional stability, professional ethics, and character. Organization/Individual hereby releases from liability any and all individuals and organizations reviewing this Application for their acts performed in good faith and without malice in connection with evaluating this Application and the credentials and qualifications. Organization/Individual also releases from any liability any and all individuals and organizations who provide information in good faith and without malice concerning the above release items.

A photostat, electronic or facsimile copy of this original statement constitutes Organization/Individual’s written authorization and request to release any and all documentation relevant to Collin County Mental Health Mental Retardation Center *dba* LifePath Systems credentialing and/or network approval process. Such photostat, electronic or facsimile copy shall have the same force and effect as the signed original.

Signature of Individual or Organization’s Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

ASSURANCES DOCUMENT

The Applicant assures the following:

1. All addenda and attachments to the RFA as distributed by the Local Authority and designated by the checklist have been received.
2. No attempt has been or will be made by the Applicant to induce any person or Applicant to submit or not to submit an Application.
3. The Applicant does not discriminate in its services or employment practices based on race, color, genetic information, religion, sex, national origin, disability, veteran status, or age.
4. All cost and pricing information is reflected in the RFA response documents or attachments.
5. The Applicant accepts the terms, conditions, criteria, and requirements set forth in the RFA.
6. The Applicant accepts the Center's right to cancel the RFA at any time prior to Contract award.
7. The Applicant accepts the Local Authority's right to alter the timetables for procurement that are set forth in the RFA.
8. The Application submitted by the Applicant has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the application submitted by the Applicant has not been knowingly disclosed by the Applicant to any other Applicant prior to the notice of intent to award.
10. No claim will be made for payment to cover costs incurred in the preparation of the submission of the Proposal or any other associated costs.
11. Local Authority has the right to complete background checks and verify information.
12. The individual(s) signing this document and any Contract awarded to Applicant is authorized to legally bind the Applicant.
13. No employee of the Local Authority and no member of the Local Authority's Board will directly or indirectly receive any pecuniary interest from an award of the proposed Contract to Applicant. If the Applicant is unable to make the affirmation, then the Applicant must disclose any knowledge of such interests.
14. The Applicant is not currently held in abeyance or barred from the award of a federal or state contract.
15. The Applicant is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil Statutes) Article 2.45.



16. The Applicant shall disclose whether any of the directors or personnel of Applicant has either been an employee or a trustee of the Local Authority within the past two (2) years preceding the date of submission of the Application. If such employment has existed, or at term of office served, the application shall state in an attached writing the nature and time of the affiliations.

17. The Applicant shall identify in the attached writing any trustee or employee of Local Authority who has a financial interest in the Applicant or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable.

18. No former employee or officer of the Local Authority directly or indirectly aided or attempted to aid in procurement of Applicant's service.

19. The Applicant shall disclose in an attached writing the name of every Local Authority employee and/or member of Local Authority's board with whom the applicant is doing business or has done business during the 365-day period immediately prior to the date on which the application is due. Failure to include such a disclosure will be a binding representation by Applicant that the natural person executing the Proposal has no knowledge of any key persons with whom the Applicant is doing business or has done business during the 365-day period prior to the immediate date on which the Proposal is due.

20. Under Section 231.006, Family Code, the Applicant, or applicant certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, "Vendor or applicant" shall mean Vendor; contract, bid or application shall mean the Proposal; and 'this contract' shall mean any Contract awarded to the Successful Vendor(s).

Authorized Signature

Company Name

Type or Printed Name

Title

Telephone Number

Email

Date



CERTIFICATION REGARDING LOBBYING, GRANTS, LOANS, & COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress an officer or employee of Congress or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)



ASSURANCES, CERTIFICATIONS, EXHIBITS, AND ATTACHMENTS

Applicant must submit the Assurance and Certifications and all Attachments requested, to include:

Attachment A:	Key Persons List
Attachment B:	Background Check Form
Attachment C:	Acronyms Glossary
Attachment D:	Form W-9
Attachment E:	Conflict of Interest Questionnaire

LifePath Systems
Angela James
Email: procurement_inquiries@lifepathsystems.org

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Attachment A
LifePath's Key Persons List

MAY 2024

NAME	TITLE	BUSINESS ADDRESS	BUSINESS PHONE#
Tammy Mahan, MA, LPC-S	Chief Executive Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Pete Kabira	Chief Operating Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Jennifer Morgan	Chief Financial Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Brent Phillips-Broadrick	Chief Administrative Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Danielle Sneed	Deputy Clinical Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Angela James	Admin Contracts Manager	1515 Heritage Drive McKinney, TX 75069	972-562-0190



Attachment B
BACKGROUND CHECK FORM

FY24 CRIMINAL BACKGROUND CHECK FORM

DIVISION: _____ CONTRACT MANAGER: _____ PROGRAM: _____

ORGANIZATION (Business Entity): _____

LEGAL FIRST NAME: _____ LEGAL LAST NAME: _____

SOCIAL SECURITY #/EIN#: _____ GENDER: _____ RACE: _____ DATE OF BIRTH: _____

PHONE#: _____ ALT PHONE #: _____

PREFERRED LANGUAGE: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE AN INDEPENDENT/INDIVIDUAL CONTRACTOR, PLEASE LIST ALL THE STATES YOU HAVE LIVED IN THE LAST TWO YEARS (INCLUDING TEXAS):

In addition to obtaining criminal history record information from TDPS, local authorities must obtain criminal history information for applicants who have lived outside of the State of Texas at any time during the two years preceding the contract through the FBI using a complete set of fingerprints on the official FBI card. LifePath Systems assumes no liability nor responsibility should the results of this background check, nurse aid registry check, misconduct registry check, or debarred vendor check divulge that the applicant is ineligible for consideration as a provider of services. If the Contractor, its officers, employees, or agents have a conviction as described in the Conviction and Registry Clearance on the following page, the Contractor will be barred from doing business with the Center.

PLEASE FOLLOW THE INFORMATION BELOW REGARDING FINGERPRINTING:

- 1. Access https://uenroll.identogo.com
2. Enter Service Code 11FHT4.
3. Select an available date for your appointment.
4. Enter payment information.
5. Print off the last page that shows your registration number.
6. Take a Photo ID and a copy of the last page with your registration number to your appointment.
7. Inform your assigned Contract Manager when your appointment is completed.

With the below signature, I give LifePath Systems my permission to run the above described background check, I also declare my full understanding that the above test will be performed by LifePath Systems on an annual basis. I also consent to LifePath Systems' requirement that my name/organization be checked against the List of Excluded Individuals and Entities (LEIE) on a monthly basis.

CONTRACTOR SIGNATURE: _____ DATE: _____

CONVICTION AND REGISTRY CLEARANCE

Contracting Organizations

Contractor shall provide evidence of criminal history and registry clearances for Contractor, their employees, and their volunteers pursuant to Texas Health & Safety Code §533.007, 250 Texas Government Code §411.115, and 25 Texas Administrative Code (TAC) §414-K, regarding Criminal History and Registry Clearances. Criminal history for those who have lived outside the State of Texas at any time during the two years prior to participation in this agreement includes submission of fingerprints to the FBI. Contractor is solely responsible for related costs.

- Contractor must forward all signed policies, procedures, and other relevant documents to show compliance with the criminal history and registry clearances as identified in Section 8.9 of this agreement prior to contract execution.
- Contractor acknowledges they and/or their employees, agents or representatives are prohibited from having any contact with individuals receiving services through this agreement until successfully clearing the criminal background check and required registry reviews.
- During the term of the contract, Contractor is responsible for promptly forwarding all applicable request for Office of the Inspector General (OIG) Exclusion List and applicable registry clearance verification upon request of Contract Manager in accordance with Section 8.9 and Section 9.2 of this agreement.
- LifePath Systems is responsible for receiving, storing, and logging all data relevant to this topic.

Individual Contractors

LifePath will conduct criminal history and registry clearances for Contractor pursuant to Texas Health & Safety Code §533.007, 250 Texas Government Code §411.115, and 25 Texas Administrative Code (TAC) §414-K, regarding Criminal History and Registry clearances. For those who have lived outside the State of Texas at any time during the two years prior to participation in this agreement, Contractor must provide a complete set of fingerprints. Fingerprint processing instructions may be obtained from the assigned LifePath Systems' Contract Manager. LifePath is solely responsible for related costs.

- Contractor must complete the LifePath Systems Criminal Background Check Form and submit to the assigned LifePath Systems Contract Manager prior to service delivery.
- Contractor is prohibited from having any contact with individuals receiving services until the results of the criminal background check and required registry reviews are assessed and contractor is notified of results.
- During the term of the contract, the LifePath Systems Contract Manager will ensure monthly Office of the Inspector General (OIG) Exclusion List and applicable registry clearances is completed in accordance with established regulatory guidelines.
- LifePath Systems Contract Manager is responsible for receiving, storing, and logging all data relevant to this topic.

Screening and Clearance Prior to and During Implementation

Screening and maintenance of the documentation that the checks were performed is required prior to contracting and on a routine monthly basis. All relevant state agencies will recoup for services provided by excluded parties.

Provider Exclusion

To combat fraud and abuse, the United States Department of Health and Human Services Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), and all federal health care programs. When the HHS-OIG has excluded a provider, federal health care programs are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities.

Convictions Barring Employment:

1. The person has been convicted of an offense listed in this subsection:
 - a. an offense under Chapter 19, Penal Code (criminal homicide);
 - b. an offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
 - c. an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), or Section 21.11, Penal Code (indecenty with a child);
 - d. an offense under Section 22.011, Penal Code (sexual assault);
 - e. an offense under Section 22.02, Penal Code (aggravated assault);
 - f. an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
 - g. an offense under Section 22.041, Penal Code (abandoning or endangering child);
 - h. an offense under Section 22.08, Penal Code (aiding suicide);
 - i. an offense under Section 25.031, Penal Code (agreement to abduct from custody);
 - j. an offense under Section 25.08, Penal Code (sale or purchase of child);
 - k. an offense under Section 28.02, Penal Code (arson);
 - l. an offense under Section 29.02, Penal Code (robbery);
 - m. an offense under Section 29.03, Penal Code (aggravated robbery);
 - n. an offense under Section 21.08, Penal Code (indecent exposure);
 - o. an offense under Section 21.12, Penal Code (improper relationship between educator and student);
 - p. an offense under Section 21.15, Penal Code (improper photography or visual recording);
 - q. an offense under Section 22.05, Penal Code (deadly conduct);
 - r. an offense under Section 22.021, Penal Code (aggravated sexual assault);
 - s. an offense under Section 22.07, Penal Code (terroristic threat);
 - t. an offense under Section 32.53, Penal Code (exploitation of child, elderly individual, or disabled individual);
 - u. an offense under Section 33.021, Penal Code (online solicitation of a minor);
 - v. an offense under Section 34.02, Penal Code (money laundering);
 - w. an offense under Section 35A.02, Penal Code (Medicaid fraud);
 - x. an offense under Section 36.06, Penal Code (obstruction or retaliation);
 - y. an offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to non-livestock animals); or
 - z. a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.

2. The person may not serve in a position the duties of which involve direct contact with an individual receiving services before the fifth (5th) anniversary of the date the person is convicted of:
 - a. an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
 - b. an offense under Section 30.02, Penal Code (burglary);
 - c. an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;

- d. an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of financial institution), that is punishable as a Class A misdemeanor or a felony;
 - e. an offense under Section 32.46, Penal Code (securing execution of document by deception), that is punishable as a Class A misdemeanor or a felony;
 - f. an offense under Section 37.12, Penal Code (false identification as peace officer; misrepresentation of property); or
 - g. an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).
3. For the purposes of the sections above, a person who is placed on deferred adjudication community supervision for an offense listed in the sections above, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Article 42A.111, Code of Criminal Procedures, is not considered convicted of the offense for which the person received deferred adjudication community supervision.
4. Additional to Bars of Employment for ICF/IDD:
- a. Bars pursuant to 40 TAC §3.201, THSC 481 – Texas Controlled Substance Act: A conviction that is punishable as a felony (involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer to receipt of chemical laboratory apparatus).
 - b. Texas Penal Code:
 - i. §15.01 – Criminal Attempt of an Offense Listed as a Bar
 - ii. §43.03 – Promotion of Prostitution
 - iii. §43.04 – Aggravated Promotion of Prostitution
 - iv. §43.05 – Compelling Prostitution
 - v. §43.25 – Sexual Performance by a Child
 - vi. §43.26 – Possession or Promotion of Child Pornography
5. An individual who is listed as revoked in the Nurse Aide Registry or listed as unemployable in the Employee Misconduct Registry.

Attachment C Acronyms Glossary	
CBT	Cognitive Behavioral Therapy
CPT	Cognitive Processing Therapy
CANRS	Client Abuse and Neglect Reporting System
CLSP	Consolidated Local Service Plan
CMBHS	Clinical Management for Behavioral Health Services
DADS	Department of Aging and Disabilities Services
DARS	Department of Rehabilitative Services
DOL	Department of Labor
DSHS	Department of State Health Services
EHR	Electronic Health Record
ICD-10	International Classification of Diseases – 10 th Version
IDD	Intellectual and Developmental Disabilities
IRS	Internal Revenue Service
LOC	Level of Care
LPND Plan	Local Provider Network Development Plan
MCO	Managed Care Organization
MH	Mental Health
OSAR	Outreach, Screening, Assessment, and Referral Provider
PAP	Prescription Assistance Program
RFA	Request for Application
SOW	Statement of Work
SUD	Substance Use Disorder
TAC	Texas Administrative Code
TRR	Texas Resilience and Recovery Services
YES	Youth Empowerment Services

**Attachment D
FORM W-9**

Request for Taxpayer Identification Number and Certification

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

(Attach completed form as part of the application)

**Attachment E
CONFLICT OF INTEREST QUESTIONNAIRE (CIQ)**

Please retrieve CIQ Form from the following website:

<https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>

(Attach completed form as part of the application)

A signature is required in Box 7 of CIQ form regardless of any other entry on the form.

For the purposes of this Attachment E, the term “Local government officer” means a member of LifePath’s Board of Trustees, Chief Executive Officers, and/or an agent of LifePath who exercises discretion in the planning, recommending, selecting, or contracting (See Attachment A).